



DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND, MARIANAS
PSC 455, BOX 195
FPO AP 96540-2937

IN REPLY REFER TO:
5720
Ser 00/013
January 30, 2019

Sandy Wells
8600 SW Salish Lane, Suite 1
Wilsonville, OR 97070

Dear Ms. Wells:

SUBJECT: FREEDOM OF INFORMATION ACT (FOIA) REQUEST 19-004

This letter responds to your FOIA request, dated January 16, 2019, in which you requested for copies of the following records:

1. NAVFAC Contract Number N62742-16-C-1309 (LOCCCRS Project), and a
2. copy of the insurance bond required by the contract.

On January 22, 2019, this office received your FOIA request, via FOIAonline, under tracking number DON-NAVY-2019-002872. For local tracking purposes, we assigned file number 19-004.

We have reviewed the enclosed documents which are responsive to your request and with the exception of deleting signatures to safeguard personally identifiable information, they are released to you in their entirety.

The fee incurred to process your request amounts to forty-eight dollars (\$48.00) for search and review. Please forward a check or money order, payable to the "Treasurer of the United States" for the stated amount, to the address stated above and to the attention of Ms. Eileen Sanchez, Comptroller's Office, within 30 calendar days from the date of this correspondence. Please reference FOIA File Number 19-004 with your remittance.

Alternatively, you may also remit your payment online via <https://www.pay.gov>. Should you decide to pay online, we have enclosed the Pay.gov Customer Guide for your reference. This guide was developed to assist customers to effectively use Pay.gov for completing their online payment process and contains specific guidance related to your FOIA request.

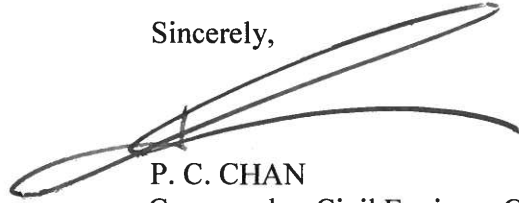
Should you have questions regarding the action this office took, you may contact the Department of Defense Navy Component FOIA Public Liaison, Mr. Chris Julka, at telephone number (703) 697-0031 or via e-mail at Christopher.a.julka@navy.mil.

Further questions concerning your FOIA request should be directed to Mr. Thomas

5720
Ser 00/013
January 30, 2019

Ngiratereged at telephone number (671) 333-2277 or via e-mail at
thomas.ngiratereged@fe.navy.mil.

Sincerely,

A handwritten signature in dark ink, consisting of a large, sweeping loop followed by a smaller, more intricate flourish.

P. C. CHAN
Commander, Civil Engineer Corps, U.S. Navy
By direction

Enclosure 1. Contract Number N62742-16-C-1309
 2. Performance and Payments Bonds
 3. Pay.gov Guide

| SOLICITATION, OFFER, AND AWARD (Continued) <i>(Construction, Alteration, or Repair)</i> OFFER (Must be fully completed by offeror) | | | | | | | | | | |
|---|---------|--|------------------|--|---|---|---------|---|--|--|
| 14. NAME AND ADDRESS OF OFFEROR <i>(Include ZIP Code)</i> Pernix Guam, LLC 266D Pinegayan St. Harmon Industries Park Harmon, Guam 96913 | | | | | 15. TELEPHONE NO. <i>(Include area code)</i> 671-647-5500 16. REMITTANCE ADDRESS <i>(Include only if different than item 14)</i> See Item 14 | | | | | |
| CODE | | FACILITY CODE | | | | | | | | |
| 17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government in writing within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirements stated in Item 13D. Failure to insert any number means the offeror accepts the minimum in Item 13D.) | | | | | | | | | | |
| AMOUNTS | | SEE SCHEDULE OF PRICES | | | | | | | | |
| 18. The offeror agrees to furnish any required performance and payment bonds. | | | | | | | | | | |
| 19. ACKNOWLEDGMENT OF AMENDMENTS <i>(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)</i> | | | | | | | | | | |
| AMENDMENT NO. | 0001 | 0002 | 0003 | 0004 | 0005 | 0006 | 0007 | 0008 | | |
| DATE | 08Jun16 | 23Jun16 | 06Jul16 | 28Jul16 | 01Aug16 | 03Aug16 | 08Aug16 | 11Aug16 | | |
| 20A. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i> Louis C. DeMaria, VP/General Manager | | | | | 20B. SIGNATURE <small>Signature directed: OMB to 28-15, " safeguarding Personally Identifiable Information"</small> | | | 20C. OFFER DATE August 23, 2016 | | |
| AWARD (To be completed by Government) Contract No. N62742-16-C-1309 | | | | | | | | | | |
| 21. ITEMS ACCEPTED: SEE SCHEDULE | | | | | | | | | | |
| 22. AMOUNT \$26,463,336.00 | | 23. ACCOUNTING AND APPROPRIATION DATA See Schedule | | | | | | | | |
| 24. SUBMIT INVOICES TO ADDRESS SHOWN IN <small>(4 copies unless otherwise specified)</small> | | | | ITEM Block 26 | | 25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO <input type="checkbox"/> 10 U.S.C. 2304(c) <input type="checkbox"/> 41 U.S.C. 253(c) | | | | |
| 26. ADMINISTERED BY CODE N40192 Commanding Officer - NAVFAC MARIANAS ROICC ANDERSEN PSC 455, BOX 195 FPO AP 96540-2937 | | | | 27. PAYMENT WILL BE MADE BY: CODE N68732 DEFENSE FINANCE & ACCOUNTING SERVICE DFAS-CLEVELAND NORFOLK ACCOUNTS PAYABLE PO BOX 998022 CLEVELAND OH 44199-2123 | | | | | | |
| CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE | | | | | | | | | | |
| <input type="checkbox"/> 28. NEGOTIATED AGREEMENT <i>(Contractor is required to sign this document and return _____ copies to issuing office.)</i> Contractor agrees to furnish and deliver all items or perform all work, requisitions identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications or incorporated by reference in or attached to this contract. | | | | | <input checked="" type="checkbox"/> 29. AWARD <i>(Contractor is not required to sign this document)</i> Your offer on this solicitation, is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary. | | | | | |
| 30A. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN <i>(Type or print)</i> | | | | | 31A. NAME OF CONTRACTING OFFICER <i>(Type or print)</i> A. SAKI-ELI, CONTRACTING OFFICER TEL: 808-474-5356 E-MAIL: ann.sakieli@navy.mil | | | | | |
| 30B. SIGNATURE | | | 30C. DATE | | 31B. UNITED STATES OF AMERICA <small>Signature directed: OMB to 28-15, " safeguarding Personally Identifiable Information"</small> BY | | | 31C. AWARD DATE 9/30/16 | | |

| | | | | | |
|--|--|--|---|---|-------------------------|
| SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair) | | 1. SOLICITATION NO. N62742-16-R-1309-0008 | 2. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP) | 3. DATE ISSUED 30-Sep-2016 | PAGE OF PAGES 1 OF 3 |
| IMPORTANT - The "offer" section on the reverse must be fully completed by offeror. | | | | | |
| 4. CONTRACT NO. N62742-16-C-1309 | | 5. REQUISITION/PURCHASE REQUEST NO. | | 6. PROJECT NO. | |
| 7. ISSUED BY NAVFAC PACIFIC A-E/CONSTR CONTRACTS BRANCH (CODE ACQ31) 258 MAKALAPA DR STE 100 JBPHH HI 96860-3434 | | CODE N62742 | 8. ADDRESS OFFER TO (If Other Than Item 7) HAND NAVFAC PACIFIC A-E/CONSTR CONTRACTS BRANCH (CODE ACQ31) 4256 RADFORD DR, BLDG 62 HONOLULU HI 96818 | | CODE N62742 |
| TEL: | | FAX: | | TEL: | |
| FAX: | | | | | |
| 9. FOR INFORMATION CALL: | | A. NAME ERIK S. TORNGREN | | B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS) (808) 471-3661 | |
| SOLICITATION | | | | | |
| NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder". | | | | | |
| 10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying no., date): SOLICITATION N62742-16-R-1309, FY16 MCAF PROJECT P-3028/AJJY133028 LOW OBSERVABLE/ CORROSION CONTROL/COMPOSITE REPAIR SHOP, JOINT REGION MARIANAS-ANDERSEN AIR FORCE BASE, GUAM GENERAL DESCRIPTION: SEE SECTION 01 11 00 SUMMARY OF WORK. THIS PROCUREMENT IS UNRESTRICTED. North American Industry Classification System (NAICS) Code 236220 – Commercial and Institutional Building Construction ESTIMATED COST: BETWEEN \$25,000,000 AND \$50,000,000 DPAS RATING: DOC2 ENFORCEABILITY OF PROPOSAL: The proposal must set forth full, accurate and complete information as required by the solicitation. The Government will rely on such information in the award of the contract. By submission of the offer, the Offeror agrees that all items proposed will be utilized for the duration of the contract and any substitutions will be equal or better than as proposed and accepted for contract award and shall require prior Contracting Officer's approval. AWARD RESULTING FROM THIS SOLICITATION IS SUBJECT TO RECEIPT OF CONGRESSIONAL/PRESIDENTIAL APPROVAL OF THE FY16 NATIONAL DEFENSE AUTHORIZATION ACT AND FY16 MILITARY CONSTRUCTION, QUALITY OF LIFE AND VETERANS AFFAIRS APPROPRIATIONS ACT | | | | | |
| 11. The Contractor shall begin performance within <u>15</u> calendar days and complete it within <u>720</u> calendar days after receiving <input type="checkbox"/> award, <input checked="" type="checkbox"/> notice to proceed. This performance period is <input checked="" type="checkbox"/> mandatory, <input type="checkbox"/> negotiable. (See Document 00700 .) | | | | | |
| 12 A. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12B.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | 12B. CALENDAR DAYS 30 | |
| 13. ADDITIONAL SOLICITATION REQUIREMENTS: A. Sealed offers in original and <u>3</u> copies to perform the work required are due at the place specified in Item 8 by <u>02:00 PM</u> (hour) local time <u>23 Aug 2016</u> (date). If this is a sealed bid solicitation, offers must be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due. B. An offer guarantee <input checked="" type="checkbox"/> is, <input type="checkbox"/> is not required. C. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference. D. Offers providing less than <u>150</u> calendar days for Government acceptance after the date offers are due will not be considered and will be rejected. | | | | | |

SF1442 CONTINUATION

SOLICITATION, OFFER, AND AWARD (SF 1442):

BLOCK 21, ITEMS ACCEPTED (CONTINUED):

1. Pernix Guam, LLC proposal dated 23 August 2016 for Request for Proposal N62742-16-R-1309 has been accepted by the Government.
2. Pernix Guam, LLC Small Business Subcontracting Plan dated August 24, 2016 accepted on September 30, 2016 is incorporated into the contract by reference.
3. Award is made for CLIN 0001 in the amount of \$26,463,336.00.
4. Contract Completion Date is 20 October 2018.
5. Does anticipate transportation of supplies by sea (DFARS 252.247-7023).

CLAUSES INCORPORATED BY FULL TEXT

252.204-0001 LINE ITEM SPECIFIC: SINGLE FUNDING. (SEP 2009)

The payment office shall make payment using the ACRN funding of the line item being billed.

(End of clause)

BLOCK 23, ACCOUNTING AND APPROPRIATION DATA (CONTINUED)

AA: 5763300 3316 320 40331 0 068732 2D 748203

COST CODE: AA6C1309000P

AMOUNT: \$26,463,336.00

CIN 00000000000000000000000000000000: \$26,463,336.00

Section 00010 - Solicitation Contract Form

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|---------|-----------------|-----------------|
| 0001 | | 1 | Project | \$26,463,336.00 | \$26,463,336.00 |

BASE ITEM

FFP

Construction of Low Observable/Corrosion Control/Composite Repair Shop,
complete and in accordance with the specifications and drawings.

FOB: Destination

NET AMT

\$26,463,336.00

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 000101 | | | | | \$0.00 |

FUND ACRN AA

FFP

Funding Doc. No.: FY16AFMJCNUAP CUSTOMER ACRN

FOB: Destination

MILSTRIP: FY16AFMJCNUAP

NET AMT

\$0.00

ACRN AA

\$26,463,336.00

CIN: 00000000000000000000000000000000

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT | INSPECT BY | ACCEPT AT | ACCEPT BY |
|--------|------------|------------|-----------|------------|
| 0001 | N/A | N/A | N/A | Government |
| 000101 | N/A | N/A | N/A | Government |

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | UIC |
|--------|---------------|----------|---|--------|
| 0001 | 20-OCT-2018 | 1 | COMMANDING OFFICER - NAVFAC MARIANAS INSPECTOR OF RECORD ROICC ANDERSEN PSC 455, BOX 195 FPO AP 96540-2937 FOB: Destination | N40192 |
| 000101 | N/A | N/A | N/A | N/A |

**SOLICITATION, OFFER AND AWARD (SF 1442), CONTINUED
PRICE PROPOSAL SCHEDULE
FOR**

SOLICITATION NO. N62742-16-R-1309

**FY16 MCAF PROJECT P-3028/AJJY133028 LOW OBSERVABLE/CORROSION CONTROL/COMPOSITE REPAIR SHOP,
JOINT REGION MARIANAS-ANDERSEN AIR FORCE BASE, GUAM**

| ITEM NO. | DESCRIPTION | QTY | UNIT OF ISSUE | UNIT PRICE | TOTAL AMOUNT |
|----------|---|-----|------------------|---------------|-----------------|
| 0001 | BASE ITEM: The basis for CLIN 0001 is all labor, material, and equipment for the construction of the Low Observable/Corrosion Control/Composite Repair Shop, complete and in accordance with the specifications and drawings. | 1 | Lump Sum | | \$ _____ |

NOTES:

1. See Document 00202, Paragraph 2.2 for Price Evaluation.
2. The Offeror SHALL include a price for CLIN 0001.
3. Multiple awards will not be made.
4. **DFARS 252.247-7023, TRANSPORTATION OF SUPPLIES BY SEA.** Within 30 days of each shipment, the Contractor is required to provide an electronic copy of the carrier's bill of lading to the Contracting Officer and to MARAD via e-mail. MARAD email: Marguerite.Speights@dot.gov. In addition, the Contractor shall notify the Contracting Officer when oceanic shipments have been initiated within 3 working days of shipment.
5. **SITE VISIT:** See Section 00100, Instruction to Proposers.
6. **SUBCONTRACTING PLAN IS REQUIRED:** IAW PL 95-507 and PL I 00-280 for LARGE BUSINESS CONCERNS.
7. **System for Award Management (SAM):** Offerors shall comply with FARS 52.204-7, System for Award Management (SAM) (Jul 2013) to receive an award. Lack of registration in the SAM database will make an offeror ineligible for award.

Bond #: 9215099

| PERFORMANCE BOND (See Instructions on reverse) | | DATE BOND EXECUTED (Must be same or later than date of contract) October 18, 2016 | | OMB Number: 9000-0045 Expiration Date: 6/30/2016 | | | | | | | | | |
|---|-----------|--|--|---|--|------------|-----------|------------|-------|-----|-----|-----|----|
| <p>PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0045, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.</p> | | | | | | | | | | | | | |
| PRINCIPAL (Legal name and business address) Pernix Guam, LLC 266D Finegayan Street Harmon Industries Park Harmon, Guam 96913 | | | TYPE OF ORGANIZATION ("X" one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> CORPORATION Corporation STATE OF INCORPORATION Delaware PENAL SUM OF BOND (whole numbers only) <table border="1"> <tr> <th>MILLION(S)</th> <th>THOUSANDS</th> <th>HUNDRED(S)</th> <th>CENTS</th> </tr> <tr> <td>026</td> <td>463</td> <td>336</td> <td>00</td> </tr> </table> | | | MILLION(S) | THOUSANDS | HUNDRED(S) | CENTS | 026 | 463 | 336 | 00 |
| MILLION(S) | THOUSANDS | HUNDRED(S) | CENTS | | | | | | | | | | |
| 026 | 463 | 336 | 00 | | | | | | | | | | |
| SURETY(IES) (Name(s) and business address(es)) Zurich American Insurance Company 1299 Zurich Way Schaumburg, IL 60196-1056 | | | CONTRACT DATE 30 Sep 2016 CONTRACT NO. N62742-18-C-1309 FY18 MCAF Project P-3028/AJY133028 Low Observable/Corrosion Control/ Composite Repair Shop Joint Region Marianas-AAFB, Guam | | | | | | | | | | |

OBLIGATION

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we the sureties bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS

The Principal has entered into the contract identified above.

THEREFORE










The above obligation is void if the Principal-

(a)(1) Performs and fulfills all the undertaking, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(ies) and during the life of any guaranty required under the contract, and (2) performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.

(b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 U.S.C. Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

WITNESS

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

| | | | | | |
|---------------------------------------|---------------------------------------|--|--|--|--|
| | | PRINCIPAL | | | |
| SIGNATURE(S) | |  | | Corporate Seal | |
| NAME(S) & TITLE(S) (Typed) | | 1. Scott Kroll Vice President of Operations - Pacific Division | | 2.  | |
| INDIVIDUAL SURETY(IES) | | | | | |
| SIGNATURE(S) | | 1.  | | 2.  | |
| NAME(S) (Typed) | | 1.  | | 2.  | |
| CORPORATE SURETY(IES) | | | | | |
| SURETY A | NAME & ADDRESS | Zurich American Insurance Company 1299 Zurich Way, Schaumburg, IL 60196-1056 | | STATE OF INC. NY | LIABILITY LIMIT (\$) \$26,463,336.00 |
| | SIGNATURE(S) | 1.  | | 2.  | Corporate Seal |
| | NAME(S) & TITLE(S) (Typed) | 1. Pamela A. Cruz Attorney-In-Fact | | 2.  | |

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition not usable

STANDARD FORM 26 (REV. 8/2014)
Prescribed by GSA-FAR (48 CFR) 53.228 (b)


signed by

THOMAS & ASSOCIATES, INC.
Resident General Agent

Enclosure (2)

CORPORATE SURETY(IES) (Continued)

| | | | | | |
|-----------------|----------------------------|----|---------------|----------------------|----------------|
| SURETY B | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY C | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY D | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY E | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY F | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY G | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT (\$) | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |

| | | | |
|---------------------|---|-------------------------------|-------------------|
| BOND PREMIUM |  | RATE PER THOUSAND (\$) | TOTAL (\$) |
| | | \$10.00 | \$264,633 |

INSTRUCTIONS

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE

SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

Bond #: 9215099

| PAYMENT BOND (See instructions on reverse) | | DATE BOND EXECUTED (Must be same or later than date of contract) October 18, 2016 | | OMB Number: 9000-0045 Expiration Date: 6/30/2016 | | | | | | | | | |
|---|-------------|--|---|---|--|------------|-------------|------------|-------|-----|-----|-----|----|
| <p>PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0045, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.</p> | | | | | | | | | | | | | |
| PRINCIPAL (Legal name and business address) Pernix Guam, LLC 266D Finegayan Street Harmon Industries Park Harmon, Guam 96913 | | | TYPE OF ORGANIZATION (Check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> CORPORATION Limited Liability Company | | | | | | | | | | |
| | | | STATE OF INCORPORATION Delaware | | | | | | | | | | |
| SURETY(IES) (Name(s) and business address(es)) Zurich American Insurance Company 1299 Zurich Way Schaumburg, IL 60196-1056 | | | PENAL SUM OF BOND (Whole numbers only) <table border="1"> <tr> <th>MILLION(S)</th> <th>THOUSAND(S)</th> <th>HUNDRED(S)</th> <th>CENTS</th> </tr> <tr> <td>026</td> <td>463</td> <td>336</td> <td>00</td> </tr> </table> | | | MILLION(S) | THOUSAND(S) | HUNDRED(S) | CENTS | 026 | 463 | 336 | 00 |
| MILLION(S) | THOUSAND(S) | HUNDRED(S) | CENTS | | | | | | | | | | |
| 026 | 463 | 336 | 00 | | | | | | | | | | |
| | | | CONTRACT DATE 30 Sep 2016 | | | | | | | | | | |
| | | | CONTRACT NO. N62742-16-C-1309 FY16 MCAF Project P-3028/ AJJY133028 Low Observable/Corrosion Control/ Composite Repair Shop, Joint Region Marianas-AAFB, Guam | | | | | | | | | | |

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

| | | | | | |
|-------------------------------|----------------------------|---|--|------------------|---------------------------------|
| PRINCIPAL | | | | | |
| SIGNATURE(S) | | [Signature] | | 3. | |
| | | (Seal) | | (Seal) | |
| NAME(S) & TITLE(S) (Typed) | | 1. Scott Kroll Vice President of Operations - Pacific Division | | 3. | |
| INDIVIDUAL SURETY(IES) | | | | | |
| SIGNATURE(S) | | 1. | | 2. | |
| | | (Seal) | | (Seal) | |
| NAME(S) (Typed) | | 1. | | 2. | |
| CORPORATE SURETY(IES) | | | | | |
| SURETY A | NAME & ADDRESS | Zurich American Insurance Company 1299 Zurich Way, Schaumburg, IL 60196-1056 | | STATE OF INC. NY | LIABILITY LIMIT \$26,463,336.00 |
| | SIGNATURE(S) | [Signature] | | 2. | Corporate Seal |
| | NAME(S) & TITLE(S) (Typed) | Fernanda A. Cruz Attorney-In-Fact | | 2. | |

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Previous edition is NOT usable

STANDARD FORM 25A (REV. 8/2014)
Prescribed by GSA-FAR (48 CFR) 53.2228(c)

Countersigned by:

Takagi & Associates, Inc.
Resident General Agent

| CORPORATE SURETY(IES) (Continued) | | | | | |
|-----------------------------------|-------------------------------|----|---------------|-----------------------|----------------|
| SURETY B | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY C | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY D | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY E | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY F | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |
| SURETY G | NAME & ADDRESS | | STATE OF INC. | LIABILITY LIMIT \$ | Corporate Seal |
| | SIGNATURE(S) | 1. | 2. | | |
| | NAME(S) & TITLE(S) (Typed) | 1. | 2. | | |

INSTRUCTIONS

1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 U.S.C. Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.

2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.

3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)."

In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

(b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.

4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.

5. Type the name and title of each person signing this bond in the space provided.

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

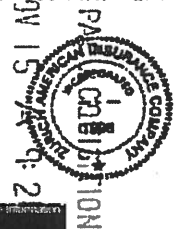
KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by JAMES M. CARROLL, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Hidenobu TAKAGI, Pamela A. CRUZ and Jo TAKAGI, all of Tumon, Guam, EACH its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 6th day of March, A.D. 2013.

ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



Signature deleted. CMIS M-10-15, "Safeguarding Personally Identifiable Information"

By: _____

*Assistant Secretary
Gregory E. Murray*

Signature deleted. CMIS M-10-15, "Safeguarding Personally Identifiable Information"

*Vice President
James M. Carroll*

State of Maryland
County of Baltimore

On this 6th day of March, A.D. 2013, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, JAMES M. CARROLL, Vice President, and GREGORY E. MURRAY, Assistant Secretary, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Signature deleted. CMIS M-10-15, "Safeguarding Personally Identifiable Information"

*Constance A. Dunn, Notary Public
My Commission Expires: July 14, 2015*



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

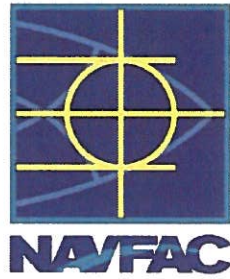
RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 18th day of October, 20 16.



Signature deleted. OMB M-06-12, "Safeguarding Personally Identifiable Information"

Thomas O. McClellan, Vice President



GENERAL FUND CUSTOMER USER GUIDE

| Routing Number | Account Number | Check Number |
|----------------|----------------|--------------|
| 026946783 | 9243767390 | 1234 |



Introduction

Naval Facilities Engineering Command Pacific (NAVFACPAC) has established a new payment option using Pay.gov. This is a secure government wide service that offers General Fund customers a secure online method for making payments. This guide was developed to assist customers to effectively use Pay.gov for completing their online payment processes.

Pay.gov provides many benefits to our customers:

- ✓ ***Secure Website***
- ✓ ***Offers Flexible Payment Options using your bank account or credit card***
- ✓ ***Convenient Payment Method***
- ✓ ***No Lost Checks***
- ✓ ***Avoids Processing Delays & Mistakes***
- ✓ ***Immediate Confirmation of Payment***

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Before You Begin

NAVFAC General Fund accepts online payments for the following:

- Construction, repair and remodeling contract service
- Engineering / Designing / Planning service
- Lease payments (Agriculture and/or General Purpose)
- Advance Payments (Project and/or Labor or Contract)
- Freedom of Information Act (FOIA)
- Forestry / Timber
- Jury Duty/Interest/Witness fees and Refunds

Pay.gov Registration

Those Non-Appropriated Funds (NAF) and private customers may register at Pay.gov (<https://pay.gov/public/form/start/62322129>) to self-enroll create their own password. Registering in Pay.gov allows you to track your payments or set up recurring payments.

Things to remember when using Pay.gov:

INACTIVE USERS:

"After ninety (90) days of non-use, agency-enrolled user accounts may be subject to deactivation. If an account is deactivated, the user will need to contact their Agency Security Contact and request that the account be reactivated."

LOCKED ACCOUNTS:

"If at any time during the login process a user account becomes locked, the account will remain locked for fifteen (15) minutes. The account will then unlock and the system will allow the user additional attempts to logon with the correct password before re-locking the account. If a user does not know or cannot remember their password, they should reset their password by selecting the "Trouble Logging In?" link on the Pay.gov home page."

Pay.gov Overview

Log into NAVFAC Pay.gov websites:

| | |
|---------------------------------|---|
| NAVFAC PACIFIC GENERAL FUNDS | https://pay.gov/public/form/start/62322129 |
|---------------------------------|---|

Enter customer information, payment options and submit payment online via website.

Figure 1.1 Example of Pay.gov screen:

NAVFAC PACIFIC Financial Management General Fund

NAVFAC PACIFIC
This form is for General Fund

**Required Field*

Billing Information

* **Company Name:**

* **Street Address:**

Street Address 2:

* **City:**

* **Country:**

* **State/Province:**

* **Zip/Postal Code:**

* **Point of Contact Name:** First: Last:

* **POC Phone Number:** Ext:

POC Email Address:

Do not use this payment method for any bill if you have received a notice from the Debt Management Office.

☐ * I understand by checking this box: this payment is not intended to pay a delinquent bill.

Account Information

* **Payment Choices:**

* **Program/Contract Specialist Name:** First: Last:

* **Type of Payment:**

Invoice/Doc/Contract #:

Delivery Order #:

* **Payment Amount:**

* **Notes/Comments:**

Please include work location, Phone #, and Purchase Order #, etc. (Maximum 1024 characters)

Please annotate "NAVFACMAR FOIA Request No. 19-004"

SAVE PDF PREVIEW CONTINUE

Payment Options:

Option 1: Bank Account Debit (ACH) "Automated Clearing House" refers to an electronic debit from a checking or savings account, commonly known as a direct debit. ACH payments submitted by 8:55PM Eastern Time will post to the account as early as the next business day (except for weekends and some holidays).

Figure 1.2 Option1 Pay via Bank Account (ACH) Screen

NAVFAC PACIFIC Financial Management General Fund

Please provide the payment information below. Required fields are marked with an *.

* Payment Amount:

* Payment Date (mm/dd/yyyy)

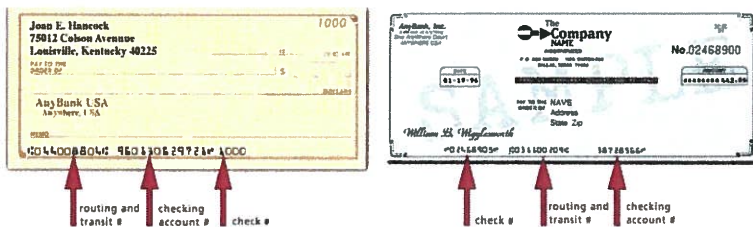
* Account Holder Name

* Please select a payment account:

☐ I want to enter a new account below

☐ I would like to save this payment account to my profile

* Select Account Type



* Routing Number

* Account Number

* Confirm Account Number

Contract Number

Payment Choice

Program or Contract Specialist Name

POC Name

Telephone

Email Payment Type

Comments

[Previous](#)

[Return to Form](#)

[Cancel](#)

[Review and Submit Payment](#)

Option 2: Plastic Card (PC) payments are accepted. Pay.gov supports Visa, MasterCard, American Express, and Discover. Per US Treasury the limit on all plastic cards is \$49,999.99 per card. Credit card payments submitted by midnight Eastern Time will post in your account the next business day.

[Figure 1.3: Pay Via Plastic Card Screen](#)

NAVFAC PACIFIC Financial Management General Fund

Please provide the payment information below. Required fields are marked with an *.

* Payment Amount:

* Card Holder Name

* Please select a payment account:

☐

I want to enter a new account below

☐

I would like to save this payment account to my profile

* Billing Address:

Billing Address 2:

City:

Country

State/Province

ZIP/Postal Code

* Card Type:



* Card Number:

* Expiration Date:

* Security Code:

[What's this?](#)

Contract Number
Payment Choice
Program or Contract Specialist Name
POC Name
Telephone
Email
Payment Type
Comments

[Previous](#)

[Return to Form](#)

[Cancel](#)

[Review and Submit Payment](#)

Receipt of Payment (optional)

Confirmation of payment may be sent to you by email if you wish. This information will be requested and may be entered on the online payment screen before submitting your payment.

Figure 1.4 Example of Confirmation of Receipt for ACH Payment

Receipt - Your payment is complete

Pay.gov Tracking ID: 3FOP035Q
Agency Tracking ID: 120016870719
Form Name: NAVFAC PACIFIC Financial Management General Fund
Application Name: NAVFAC PACIFIC Financial Management General Fund

Payment Information

Payment Type: Bank account (ACH)
Payment Amount: \$100.00
Transaction Date: 06/30/2014 06:41:16 PM EDT
Payment Date: 07/02/2014
Contract Number: 1
Payment Choice: Advances-Project and/or Labor
Program or Contract Specialist Name: James Test
POC Name: Theresa Story
Telephone: 619-532-2675
Email: theresa.story1@navy.mil
Payment Type: Advance Deposit
Comments: test center SD

Account Information

Account Holder Name: Remake Test Cite
Routing Number: XXXXXXXXX
Account Number: *****XXXX

Email Confirmation Receipt - Confirmation Receipts have been emailed to: theresa.story1@navy.mil

Figure 1.5 Example of Confirmation of Receipt for Credit/Debit Card Payment

Receipt - Your payment is complete

Pay.gov Tracking ID: 3FOP035R
Agency Tracking ID: 120016870720
Form Name: NAVFAC PACIFIC Financial Management General Fund
Application Name: NAVFAC PACIFIC Financial Management General Fund

Payment Information

Payment Type: Debit or credit card
Payment Amount: \$10.00
Transaction Date: 06/30/2014 06:53:37 PM EDT
Payment Date: 06/30/2014
Contract Number: 1
Payment Choice: Agriculture Lease (Navy)
Program or Contract Specialist Name: Jim Test
POC Name: Theresa Story
Telephone: 619-532-2675
Email: theresa.story1@navy.mil
Payment Type: Full
Comments: test least SD Location

Account Information

Card Holder Name: Theresa Story
Billing Address: 123 Nowhere St
Billing Address 2:
City: San Diego
Country: State/Province: CA ZIP/Postal Code: 92132
Card Type: Master Card
Card Number: *****XXXX


Email Confirmation Receipt - Confirmation Receipts have been emailed to: theresa.story1@navy.mil

General Fund Payment Process

NAVFAC PAC GF will accept on line payments for the following payment types: Construction, repair and remodeling contract service; Engineering service; Lease payments (Agriculture and/or General Purpose); Advance Payments (Project and/or Labor); FOIA; Forestry/Timber; Jury Duty/Interest/Witness fees and Refunds may be used to render your payment online via Pay.gov.

Follow these steps to submit your payment online:

1. Log into NAVFAC Pay.gov websites (see Pay.gov overview for the websites).
2. Select "Continue to the Form".
3. Enter your information in the "Billing Information" section on the form.
 - a. Company / Commander Name
 - b. Street Address
 - c. City
 - d. County
 - e. State/Province
 - f. Zip/Postal Code
 - g. Point of Contact Name
 - h. POC Phone Number
 - i. POC Email Address
4. You cannot use this payment method if you received a notice from Debt Management Office. You have to "Select" the "I understand box".
5. Enter payment information in the "Account information" section on the form.
6. Payment Choices: (Advances (Projects and/or Labor); Agriculture Lease (Navy); Agriculture Lease (Marine); FOIA; Forestry/Timber; General Purpose Lease; Jury Duty; MISC/Refund; Other (Interest/Witness Fees)).
7. Program Analyst / Contract Specialist Name.
8. Select the type of payment – (Full, Partial, or Advance Deposit)-choice should always be Full or Advance Deposit Never partial).
9. **Security Deposit is invalid choice for GF, currently at this time GF cannot accept Security Deposit via Pay.Gov.**

- 
10. Enter the invoice/Doc/Contract number as indicated on the invoice/
bill or funding document. Enter: NAVFACMAR FOIA Req. No. 19-004
 11. Delivery Order number (if using a contract number above).
 12. Enter the payment amount ***Credit Cards transactions are limited to \$49,999.99*
 13. Notes/Comments section. Please include work location, Phone number, and Purchase order Number, etc. (maximum 1024 characters).
 - a. Advances (Projects and/or Labor) – Include Purchase Order Number.
 - b. Agriculture Lease (Navy or Marine) – Include Lease Number, Real Property Contract (RPC) Number, Period of Performance.
 - c. Freedom of Information Act(FOIA) – Include statement stating this is a FOIA payment fee for copies of (description).
 - d. Forestry/Timber – Include statement stating this is for firewood or permits.
 - e. Refund – Include contract number and statement that final release of claims, assignments and/or rebates/credits has been accepted.
 - f. Interest – Include statement this payment is for interest and contract number.
 14. Press "Continue" to move to next screen.
 15. The *Online Payment* screen will now appear.
 16. Select Bank Account (ACH) or Debit/Credit Card for payment option.
 17. Press Next.
 18. **If you selected ACH:**
 19. The screen will already show your payment amount entered from the previous screen and the payment date will automatically be entered with the current date.
 20. You will now enter the account holder name and then select if you want to enter a new account and/or save this payment account to your profile.
 21. Next you will have to select your account type (Business Checking, Business Savings, Personal Checking or Personal Savings), enter your routing number, account number and reconfirm your account number.

22. All account information entered from make a payment will transfer to your ACH payment form (Contract Number, Payment Choice, Program or Contract Specialist name, POC Name, Telephone Number, Email, Payment Type and Comments).

23. You can now "Select" – Previous (Return to prior screen); Return to Form (this will take you back to the billing information screen to make corrections); Cancel (this will cancel everything); Review and Submit Payment (this will process your payment)

24. If you selected Debit and/or Credit Card:

25. The screen will already show your payment amount entered from the previous screen.

26. You will now enter the card holder name and then select if you want to enter a new account and/or save this payment account to your profile.

27. You can now correct your billing address, city, country, state and zip code information if it did not transfer correctly or is different.

28. Select the card type (Visa, Master Card, American Express or Discover) and enter the card number and expiration date along with the security code from the back of your card.

29. All account information entered from make a payment will transfer to your debit/credit card form (Contract Number, Payment Choice, Program or Contract Specialist name, POC Name, Telephone, Email, Payment Type and Comments).

30. You can now "Select" – Previous (Return to prior screen); Return to Form (this will take you back to the billing information screen to make corrections); Cancel (this will cancel everything); Review and Submit Payment (this will process your payment).

31. Select Review and Submit Payment

32. Review your payment information, if all is correct select "I would like to receive an email confirmation of this transaction" if you wish to receive a confirmation of payment by email. Enter email address and confirm your email address. In the "CC" please enter the following email address NAVFACPAC PayGov@navy.mil so we will be notified that you submitted a payment via Pay.Gov.

33. Check the "I agree to the authorization and disclosure" box.
34. Click the "Submit Payment" button once to continue. If you click the button more than once, multiple payments may be submitted.
35. The payment details are displayed on the ACH/Debit and/or Credit card confirmation screen along with the Pay.gov tracking ID, which is the online payment record number. At this time you can select "Print Receipt" to receive a hard copy if you did not request a receipt to be emailed to you. If you did not request an email receipt you will now need to email NAVFACPAC PayGov@navy.mil with your payment information. Please include the payment type, amount paid and pay.gov tracking ID number and the Agency tracking ID number.
36. Click Return to Your Form button to submit another payment or Click Return to Home link to return to the pay.gov home page.

Appendix A: Supporting Document Examples:

DD1155

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF | | |
|---|--|--|----------------------------|---|--------------------------------------|--------------------------------|--|---|--|--|------------|--|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO. | | | 2. DELIVERY ORDER/CALL NO. | | 3. DATE OF ORDER/CALL (YYYYMMDD) | | 4. REQUISITION/PURCH REQUEST NO. | | 5. PRIORITY | | | |
| 6. ISSUED BY | | | CODE | | 7. ADMINISTERED BY (If other than 6) | | | CODE | | 8. DELIVERY FOB | | |
| | | | | | | | | | | DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if other)</i> | | |
| 9. CONTRACTOR | | | CODE | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) | | 11. X IF BUSINESS IS | | | |
| NAME AND ADDRESS | | | | | | | 12. DISCOUNT TERMS | | <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | |
| | | | | | | | | | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK | | | |
| | | | | | | | | | | | | |
| 14. SHIP TO | | | CODE | | 15. PAYMENT WILL BE MADE BY | | | CODE | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. | | |
| | | | | | | | | | | | | |
| 16. TYPE OF ORDER | | DELIVERY/ CALL | | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | |
| | | PURCHASE | | Reference your _____ furnish the following on terms specified herein. | | | | | | | | |
| ACCEPTANCE: THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | |
| NAME OF CONTRACTOR | | | SIGNATURE | | | TYPED NAME AND TITLE | | | DATE SIGNED (YYYYMMDD) | | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICES | | | | 20. QUANTITY ORDERED/ACCEPTED* | | 21. UNIT | 22. UNIT PRICE | | 23. AMOUNT | |
| | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | 0.00 | |
| <i>*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i> | | | | 24. UNITED STATES OF AMERICA | | | | 25. TOTAL | | 0.00 | | |
| | | | | BY: _____ CONTRACTING/ORDERING OFFICER | | | | 26. DIFFERENCES | | | | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN | | | | | | | | | | | | |
| <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED: | | | | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | 28. SHIP. NO. | | 29. D.O. VOUCHER NO. | | 30. INITIALS | | |
| | | | | | | PARTIAL | | | | | | |
| | | | | | | FINAL | | | | | | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | | 31. PAYMENT | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | |
| | | | | | | COMPLETE | | | | | | |
| | | | | | | PARTIAL | | | | 34. CHECK NUMBER | | |
| | | | | | | FINAL | | | | 35. BILL OF LADING NO. | | |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | | |
| a. DATE (YYYYMMDD) | | | | | | | | | | | | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYYYMMDD) | | | | | | | | |
| | | | | | | | | | | | | |

DD FORM 1155, DEC 2001
OBSOLETE.

PREVIOUS EDITION IS

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Adobe Professional 8.0

Purchase Order NAVCOMPT Form 2213

[illegible]

DD250 – Material Inspection & Receiving Report

| MATERIAL INSPECTION AND RECEIVING REPORT | | | | | | Form Approved OMB No. 0704-0343 | |
|--|--|--|--|---|--|------------------------------------|--|
| The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service and Communications Directorate (0704-0343). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. | | | | | | | |
| PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401. | | | | | | | |
| 1. PROCUREMENT INSTRUMENT IDENTIFICATION (CONTRACT) NO. | | ORDER NO. | | 8. INVOICE NO./DATE | | 7. PAGE OF | |
| 2. SHIPMENT NO. | | 3. DATE SHIPPED | | 4. B/L TCN | | 5. DISCOUNT TERMS | |
| 9. PRIME CONTRACTOR CODE | | | | 10. ADMINISTERED BY CODE | | | |
| 11. SHIPPED FROM (if other than S) CODE | | | | 12. PAYMENT WILL BE MADE BY CODE | | | |
| 13. SHIPPED TO CODE | | | | 14. MARKED FOR CODE | | | |
| 15. ITEM NO. | | 16. STOCK/PART NO. (Indicate number of shipping containers - type of container - container number.) | | 17. QUANTITY SHIP/REC'D* | | 18. UNIT UNIT PRICE | |
| | | | | | | | |
| 21. CONTRACT QUALITY ASSURANCE | | | | 22. RECEIVER'S USE | | | |
| a. ORIGIN <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents. | | | | b. DESTINATION <input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents. | | | |
| DATE _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ | | | | DATE RECEIVED _____ TYPED NAME: _____ TITLE: _____ MAILING ADDRESS: _____ COMMERCIAL TELEPHONE NUMBER: _____ | | | |
| 23. CONTRACTOR USE ONLY | | | | * If quantity received by the Government is the same as quantity shipped, indicate by (Q) mark; if different, enter actual quantity received below quantity shipped and encircle. | | | |

DD FORM 250, AUG 2000

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